

A photograph of a busy city street at sunset. The sun is low on the horizon, creating a warm, golden glow and long shadows. Tall buildings line the street, and several cars and pedestrians are visible. The scene is captured with a slight motion blur, giving it a sense of activity and movement. The text is overlaid on the right side of the image, enclosed in a white border.

In your corner ❤️

**City of New York
MLC Medicare
Advantage update**

**Aetna Group
Retiree Solutions**

March 2, 2023

Agenda



The Aetna experience in serving unions

Key highlights about the Aetna Medicare Advantage PPO

Plan design comparison & plan enhancements

Aetna network & provider communication strategy

The City's prior authorization service & Continuity of Care

Prescription drug formulary & plan comparison

Transition timeline by population and opt out

Communication and execution timeline

The City's account team and ongoing service structure

Aetna Group Retiree Solutions

#2 Part C and Part D Group Medicare Advantage (MA) carrier in the US¹

1 in 4 Group Medicare members in the US are in an Aetna plan¹

80% of our members are union retirees²

4.5 Star Rating on our national group PPO contract³

~560 Group Retiree clients with **97%** retention²

37 Years Group Medicare experience and **17** years managing pharmacy benefits²



State of New Jersey
200,000

State of Ohio
136,000

Pennsylvania Employee Benefit Trust Fund
77,000

City of NY retirees
9,000

State of Illinois
162,000

State of Connecticut
61,900

1199SEIU National Benefit Fund
46,000

State of New Hampshire
10,200

CONY Retirees expressed a 98% satisfaction rate with our MA plan/service during our most recent Member Satisfaction survey

¹ CMS enrollment data, December 2022

² Aetna Book of Business December 2022

³ Based on 2023 Star Ratings data published by CMS on October 8, 2022. CMS evaluates plans based on a 5-Star rating system and may change. Our Overall Part C and Part D rating is 4.5 Stars

**Key highlights about the
City's Aetna Medicare
Advantage PPO Plan**

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

Your plan

- **Plan name:** Aetna Medicare Plan (PPO) also known as the **Aetna Medicare Advantage PPO Plan**
- The plan is an open access PPO plan – available in all 50 States and the US territories
- **Custom network** – only Medicare Advantage PPO plan that have **Memorial Sloan Kettering and Hospital for Special Surgery in network**
- **Custom Prior Authorization list**

How it works

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

**The City plan design
comparison and plan
enhancements**

Major Benefit Comparison: Senior Care 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 plan	Aetna Medicare Advantage PPO
Network	All Medicare Participating Providers	95% of utilized providers are either in-network (over 1 million providers) or accept Medicare and agree to accept the Aetna plan on an Out-of-network basis. With this plan, you can see providers in or out of the Aetna network, as long as they are eligible to participate in Medicare and accept Aetna MA PPO plan.
Deductible	2023 calendar year, you pay \$276. Deductible (\$50 GHI + \$226 Medicare Part B). The Part B Deductible CHANGES EVERY YEAR.	You pay \$150 deductible. The Part B deductible does not apply. Aetna MA deductible is guaranteed, at a min. until 2029. Aetna MA deductible is waived for 2023.
Annual Maximum Out of Pocket (OOP) (includes copays and deductible)	No limit.	\$1,500 is the most you pay out of pocket (deductible & copays), then MA plan pays 100% & you pay \$0.
Office Visits		
PCP Office Visits	\$15	\$0
Specialist Office Visits/Mental Health/Substance Use	\$15	\$15
Preventive Services		
Medicare Preventive Screenings/Immunizations	\$0	\$0
Routine Vision Exams (eye refraction) (non-Medicare covered)	Not covered	\$0
Medicare covered vision is a medical condition and falls under a specialist office visit	\$15	\$15



Major Benefit Comparison: Senior Care and Aetna Medicare Advantage PPO

	GHI/Empire BlueCross BlueShield (EBCBS) Senior Care plan	Aetna Medicare Advantage PPO
Inpatient Services		
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	\$300 per admission, \$750 max. per calendar year 0% coinsurance for all 365 days*** <i>(cost share waived for 2023)</i>
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	\$300 per admission, \$750 max. per calendar year 0% coinsurance for all 365 days*** <i>(cost share waived for 2023)</i>
Skilled Nursing (100 days per benefit period)	\$0 days 1-100	\$0 days 1-100
Emergency Room (ER); waived if admitted to the hospital	\$50	\$50
Worldwide ER	\$50 - 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
Emergency Hospital Admission when outside the U.S.A	Days 1 - 90, you pay: \$300 per admission, up to \$750 max. per year	\$300 per admission, \$750 maximum for emergency services only <i>(cost share waived for 2023)</i>

*365-Day Hospitalization is an "Optional Rider" that can be purchased in the Sr. 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 rider.

Major Benefit Comparison: Senior Care and Aetna Medicare Advantage PPO

	GHI/Empire BlueCross BlueShield (EBCBS) Senior Care plan	Aetna Medicare Advantage PPO
Diagnostic Services		
Lab Tests X-Rays & Complex Radiology (CT Scan/PET/ MRI)	\$15	\$15
Outpatient services and other Part B services		
Diabetic Monitors/Supplies (lancets, lancet devices & blood glucose test strips)	\$0	\$0
Durable Medical Equipment/Ambulance****	\$25 Deductible \$2,500 annual benefit maximum	\$0, no annual benefit maximum
Private duty nursing (PDN)****	\$25 Deductible, then you pay 20% coinsurance \$2,500 annual benefit maximum	20% coinsurance \$5,000 annual benefit maximum
Home Health Care Services	\$0	\$0
Urgent Care	\$15	\$15 \$0 CVS Minute Clinic, Walmart Clinic, Kroger Clinic

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

Major Benefit Comparison: Senior Care and Aetna Medicare Advantage PPO

	GHI/Empire BlueCross BlueShield (EBCBS) Senior Care plan	Aetna Medicare Advantage PPO
Outpatient Services		
Part B Drugs – includes Immunizations (flu, pneumonia and hepatitis B)	\$0	\$0
Allergy testing and Allergy shots	\$15	\$0
Therapy (Physical, Occupational & Speech)	\$15	\$15
Cardiac Rehabilitation Therapy Pulmonary Rehabilitation Therapy Radiation Therapy	\$15	\$0
Outpatient Kidney Dialysis, Self-Dialysis Training, Home Dialysis Equipment and Supplies	\$0	\$0
Chiropractic (Medicare covered only)	\$15	\$15
Non-Routine Podiatry (Medicare covered only) diabetes or a specific circulatory illness impacting the feet	\$15	\$15
Routine Podiatry (non-Medicare covered) Cutting or removing corns and calluses, trimming, cutting, or clipping nails	Not covered	\$15

Major Benefit Comparison: Senior Care and Aetna Medicare Advantage PPO

	GHI/Empire BlueCross BlueShield (EBCBS) Senior Care plan	Aetna Medicare Advantage PPO
Plan enhancements		
Fitness Benefit	Not covered	SilverSneakers at no cost
Healthy Home Visit by a licensed clinical professional who provides a health assessment	Not covered	Annual home visit at no cost
Hearing Aid Reimbursement	Not covered	Up to \$500 reimbursement, every 12 months
Hearing Exams (non-Medicare covered)	Not covered	\$0
Healthy Rewards	Not covered	Earn up to \$200 (voluntary incentive Gift Card) by completing wellness services
MDLive Telemedicine Behavioral Health	Not covered	\$0 cost share per visit no deductible & unlimited visits
Meals after each Hospital Stay & after each Skilled Nursing Facility Stay	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	Included at no cost - the device and monthly monitoring fee
Non-Emergency Transportation to and from medical appointments	Not covered	24 one-way rides, per calendar year and up to 60 miles, per ride
Over the Counter (OTC) Allowance	Not covered	\$120 annual (\$30 per quarter) allowance on health & wellness products

Major Benefit Comparison: Senior Care and Aetna Medicare Advantage PPO

	GHI/Empire BlueCross BlueShield (EBCBS) Senior Care plan	Aetna Medicare Advantage PPO
24-hour Nurse Line	Not included	Included
Care Management	Not included	Included
Compassionate Care SM	Not included	Included
Disease Management	Not included	Included
In-home medical care	Not included	Included
Resources for Living	Not available	Included
Teladoc services for minor and/or urgent services over phone, or virtual.	Not covered	\$0 cost share

24/7 nurse line: talk to our registered nurse's day or night on our Medicare nurse line 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.

Case Management: Health care professionals who support, guide and coordinate care for patients, families and caregivers.

Compassionate Care: Care managers provide treatment and decision support for advanced illnesses. Also work with members and providers on treatment plans, continuity of care, emotional support, and facilitating advance care planning.

Disease Management: Work with a case manager to help manage chronic conditions, such as diabetes, hypertension, etc.

In-home care: Eligible chronically ill members, who have multiple chronic conditions, have 24/7 access to doctors that come to the home for emergent and urgent care services ranging from preventive care to chronic disease care to end-of-life care..

Resources For Living life - help in finding caregiver support groups, respite facilities for short-term care to relieve caregivers and life assistance to manage everyday issues.

**The City's prior authorization
service and continuity of care**



It starts with Utilization Management

- Collaborating with health care providers to ensure appropriate and seamless application of the best medical practices and coverage
- Two categories: Prior authorization and inpatient care review with discharge planning
- The goal of utilization management is to ensure the right care at the right time and place and with the right provider

What are Prior Authorizations?

- In partnership with the provider, specific services listed on the National Precertification List (NPL) require prior authorization by the insurance company beforehand
- Examples: CAT scans, certain drug therapies, durable medical equipment, etc.
- CONY active, pre-65, and retiree MA plans currently have prior authorizations in place



About Prior Authorization services

- **NO Prior Authorization required for eviCore services:** MRIs, CT Scans, PET Scans, Diagnostic cardiology, sleep study, pain management and radiation therapy
- **Most PAs have been removed.**
- **Prior Authorization under the MA plan is only required for the following services:**
 - 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 (e.g., breast augmentation, removal of excessive skin/tummy tuck or eyelid surgery).
 - Specialty medications, some of which are Part B medications.
 - New drugs, therapies, procedures, services, and technologies covered by Medicare.




Enabling a smooth transition to the new plan in the midst of ongoing or critical care

Continuity of care: A change in plan won't mean a change in care

Identifying and engaging retirees who are currently in *active treatment* before they join our Medicare Advantage PPO plan ensures their care is uninterrupted

Our nurse care managers are prepared to support new members to ensure that their treatments, medications or planned surgeries are not disrupted to guide them smoothly into the new plan without disrupting their care.

- 1 Reassure retirees who attend in-person meetings or conference calls by collecting relevant information
- 2 Send forms with informational packet to help find those in need of care support prior to start date
- 3 Send forms to new members just after plan start date to find those in need of care support
- 4 Begin Healthy Home Visits after start date to ensure care needs are met



Continuity of care transition assistance form

Do you have:

Planned surgery or hospitalization after January 1, 2023

a) Name of procedure _____

b) Date _____

c) Facility _____

d) Physician name and phone number _____

Planned testing after January 1, 2023

a) Name of procedure/test _____

b) Physician name and phone number _____

**Aetna Medicare PPO
provider network**

How does the Medicare Advantage PPO plan work for retirees?

- Access to a broad, national network
- Members see any provider eligible to participate in Medicare and accept the Aetna Medicare PPO ...
- The same benefits and cost share in and out of network
- National and international coverage when traveling



The City's provider disruption

Results with MSK/HSS In-network

	PROVIDER RECORD MATCH	
	Total	Percent
Network Match	120,933	88.16%
Known to Accept Aetna Medicare Advantage Payment	11,016	8.03%
Total	131,949	96.19%
No Known Activity	5,226	3.81%

New York and New Jersey network hospital summary

NEW YORK

- **98%** of the acute care hospitals in New York are in-network
- **104** contracted acute care hospitals downstate – only hospital out of network is Stony Brook University Hospital
- **113** contracted hospitals upstate
- ALL out of network hospitals are Known to Accept the Aetna Medicare Advantage Plan

NEW JERSEY

71 contracted acute care hospitals
(100% of total in state)

Florida and North Carolina network hospital summary

FLORIDA

- 193 contracted hospitals (95% of total in state)
- 100% of the hospitals are in-network in counties where most of your FL members live:
 - 19 in Miami-Dade County (all in the county, including University of Miami Hospital, Baptist, Mount Sinai and Jackson Memorial)
 - 16 in Broward County (all in the county, including Broward Health, Memorial and Cleveland Clinic)
 - 13 in Palm Beach County (all in the county, including the Bethesda Hospital System (East and West), Boca Raton Regional Hospital, Good Samaritan, Del-Ray and JFK Medical Center)
 - 30 in Hernando, Hillsborough, Manatee, Pasco & Pinellas Counties (all in these counties, including Tampa General, Lee-Moffitt Cancer and Research Center, Memorial of Tampa)

NORTH CAROLINA

- 109 contracted hospitals (96% of total in state)
- In Charlotte & Wake County where bulk of your retirees reside - 100% of hospitals are in-network (including the Novant Hospital System, Duke Health and the Carolina Center for Specialty Surgery)
- **No large hospital systems are out of network**
- One smaller hospital, New Hanover Regional, in Wilmington is OON, but there are **no access issues** as they continue to see our members

Custom network and DocFind

- **What's unique about the network?**
 - **Custom Medicare Advantage PPO network:** The ONLY Aetna group Medicare plan that includes Memorial Sloan Kettering (MSK) and Hospital for Special Surgery (HSS) **in-network**
 - **Custom DocFind:**
 - To look up providers use the custom link
 - Available on: CONY.AetnaMedicare.com (Note: Site is under construction)
- **Claim processing:**
 - **Most providers will electronically submit claims to Aetna**
 - **If a member pays up front out of their pocket, they can submit the claim to Aetna for reimbursement**
 - **Members cannot be balance-billed**
 - **Aetna Provider Pass** to assist members in gaining access to provider while in the office

Provider communication strategy

Provider communication strategy

Phase 1 unofficial announcement

Phase 2 official announcement

Phase 3 throughout implementation

Phase 4 ongoing activities

We've got you covered through every phase of your implementation

Aetna New York provider network team:

- Meets with the large NYC providers regarding the City's retirees Aetna Medicare Advantage (MA) plan
- Add information about the City's and Aetna MA partnership in Aetna's provider newsletters
- Posts information on Aetna's provider portal (Availity) and Aetna website
- Communication & training about the City's Aetna MA plan with provider front line staffing
- Aetna works with Memorial Sloan Kettering and Hospital for Special Surgery on website posting – and strategy of formal partnership
- Establish tracking & reporting

Official communication:

- Email reminder to provider groups about the City's MA plan
- Mails communication – with information about the plan, access to provider portal and includes sample of the City's Aetna MA ID card
- Public announcement on Memorial Sloan Kettering and Hospital for Special Surgery participation
- Provider outreach explaining the City's Aetna MA plan and information how to become participating providers

Provider and Member outreach:



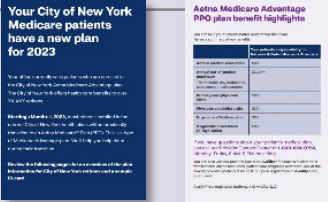

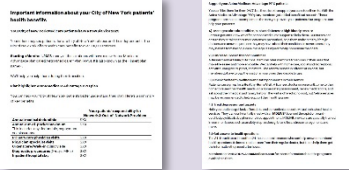
- Aetna mails "For your doctor" communication to members – Explains how the plan works out of network, includes perforated leave behind to give to providers, and information on how to participate
- Providers recruitment based on member provider nomination

Member outreach:

- "Welcome Calls" to members – assist members with provider lookup and/or call providers on behalf of members explaining the plan

Provider communication plan

Multi-touch campaign to educate highly utilized providers about their new plan options. Plan highlights and ID card samples will be included.

Sample	Communication name	Description/purpose
	<p>Custom website updates</p>	<ul style="list-style-type: none"> • Custom website to supplement printed direct mail materials. • Update provider participation about large provider groups. • Custom DocFind – look up provider and other resources.
	<p>Provider engagement mailer</p>	<ul style="list-style-type: none"> • Gives providers information about the Aetna Medicare Advantage PPO plan and how it works. • Includes important plan benefits specific to the City – copays and deductibles. • Information on benefits and value-added programs included in the plan. • Includes copy of a sample Aetna Medicare Advantage PPO plan ID card. • Provider tool information and Aetna provider telephone number.
	<p>Provider education email</p>	<ul style="list-style-type: none"> • Provides the same information as above but in email format to be easily printed by providers.
	<p>For Your Doctor brochure</p>	<ul style="list-style-type: none"> • Provides instructions to both retirees and providers on how to accept the Aetna Medicare Advantage PPO plan. • Includes a picture of a sample Aetna Medicare Advantage PPO plan ID card.
	<p>Availity® provider portal and provider newsletter</p>	<ul style="list-style-type: none"> • Availity® provider portal provides access to key information, electronic transactions, online resources, patient care programs and more. Use of the Availity provider portal is at no cost, but prior registration at Availity.com is required.

**Prescription drug rider
formulary and plan design
comparison**

Aetna Medicare Rx offered by SilverScript prescription drug plan

Open Formulary	# National Drug Codes (NDC)
Covered by Part D	33,662
Expanded Non-Part D rider and all other NDCs	427,568
Total covered drugs	461,230

Plan highlights

- All Part D drugs are covered, and
- Non-Part D drugs including:
 - Lifestyle medications
 - Fertility
 - Cough & Cold
 - Cosmetic – such as hair loss and Botox
 - Vitamins & minerals, and
 - Weight management drugs

GHI Senior Care vs. Aetna: Prescription Drug Comparison

GHI Senior Care Enhanced Medicare Prescription Drug Plan (4-Tier Structure)	GHI Senior Care Enhanced Medicare Prescription Drug Plan (Cost Share)	Aetna Medicare Rx by SilverScript (5-Tier Structure)	Aetna Medicare Rx by SilverScript (Cost Share)
Deductible	No annual deductible	Deductible	No annual deductible
		Preferred Generics: Tier 1* (30 or 90 day supply available at retail)	0% Preferred pharmacy** 25% Standard Pharmacy**
Generics: Tier 1 (30 or 90 day supply available at retail)	25% coinsurance	Generics: Tier 2 (30 or 90 day supply available at retail)	25% coinsurance **
Preferred Brand: Tier 2 (30 or 90 day supply available at retail)	25% coinsurance	Preferred Brand: Tier 3 (30 or 90 day supply available at retail)	25% coinsurance**
Non-Preferred Brand: Tier 3 (30 or 90 day supply available at retail)	25% coinsurance	Non-Preferred Brand: Tier 4 (30 or 90 day supply available at retail)	25% coinsurance**
Specialty: Tier 4 (30 day supply only)	25% coinsurance	Specialty: Tier 5 (30 day supply only)	25% coinsurance**
Coverage Gap – starts once you reach \$4,660 in Medicare covered drug costs in the Initial Coverage Limit (ICL)***	25% CMS Standard (in all Tiers 1-4)	Coverage Gap – starts once you reach \$4,660 in Medicare covered drug costs in the ICL	25% CMS Standard (in all Tiers 1-5)**

Catastrophic Phase - starts once \$7,400 in true out-of-pocket costs are incurred in 2023.

You pay the greater of 5% of the cost of the drug or \$4.15 for a generic drug or a drug that is treated like a generic, and \$10.35 for all other drugs in 2023.

Catastrophic Phase - starts once \$7,400 in true out-of-pocket costs are incurred in 2023.

You pay the greater of 5% of the cost of the drug or \$4.15 for a generic drug or a drug that is treated like a generic, and \$10.35 for all other drugs in 2023.

*A list of low-cost generic drugs that includes common drugs used in the Medicare population that treat conditions such as high blood pressure, high cholesterol, etc.

**Drug estimator tool: <https://cony.destinationrx.com/compare/MDC/2023/StartSession>

***Initial Coverage Limit (ICL) – is when a combination of the total yearly drug costs paid by you and the plan reaches \$4,660 in 2023.

Senior Care vs. Aetna prescription drug comparison

	GHI Senior Care Enhanced Medicare Prescription Drug Plan	Aetna Medicare Rx by SilverScript
Premium	\$125.00	\$103.50
Formulary	EmblemHealth National Drug Plan (PDP) Formulary	Open Formulary (<i>Comprehensive Plus</i>) all Part D drugs are covered, includes all FDA approved National Drug Codes (NDC)
Network Access	emblemhealth.com/city	65,000 standard national pharmacies of which 23,000 are preferred****
Mail Order Pharmacy	ExpressScript	CVS Caremark
Non-Part D Supplemental Rx*****	Covered	Covered

2023 Inflation Reduction Act Insulins and Vaccines

You won't pay more than \$35 for a one-month supply of each insulin product covered on the formulary. Our plan covers most Part D vaccines at no cost to you.

You won't pay more than \$35 for a one-month supply of each insulin product covered on the formulary. Our plan covers most Part D vaccines at no cost to you.

****Standard network pharmacies include Walgreens, RiteAid, Duane Reade and many independent pharmacies located in New York Metro area. Preferred pharmacies include CVS, Costco, Publix and mail order through CVS Caremark.

*****Non-Part D Supplemental Rx Rider are drugs not covered by Part D and include weight loss, gain or anorexia, vitamins & minerals, ED, cough & cold, fertility, cosmetic or hair growth.

**Transition date for each
population and opt out
information**

City of New York populations overview and effective dates

Plans	When they will be effective with Aetna
Senior Care Plan Enrollees	<ul style="list-style-type: none"> • 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)
Other city health plans including Aetna (Non-HIP/VIP)	<ul style="list-style-type: none"> • 9/1/2023 effective date for Aetna Medicare Advantage PPO & Aetna Medicare Rx by SilverScript PDP
HIP VIP Premier Medicare Plan	<ul style="list-style-type: none"> • City will keep HIP VIP Premier Medicare plan as an option • HIP VIP members will need to make an active election to change to the new Aetna Medicare Advantage PPO Plan
Split family coverage	<ul style="list-style-type: none"> • 9/1/2023 Medicare eligible retirees with non-Medicare family member(s) (family coverage) <ul style="list-style-type: none"> • 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



Opt-out information

- If a retiree doesn't want to be enrolled in the new City's Aetna Medicare Advantage PPO plan, they will need to opt out between **May 1st and June 30, 2023**.
- If they opt out, the only option for coverage through the City of New York is the HIP VIP Premier Medicare plan, and only if you live in the **NYC surrounding area**, (*the five boroughs of New York City, Nassau, Suffolk, Rockland, Orange, or Westchester counties*).
- If they do not live in the **NYC surrounding area** and opt out, they will have to find coverage outside of the City health benefits and will not be eligible for the Part B premium reimbursement and/or IRMAA , if applicable.
- If they opt out, they will be eligible to re-enroll during the City's Annual Retiree Transfer Period, which occurs every November, unless they have a qualifying event, or use their "Retiree Once in a Lifetime" option.
- Aetna is taking the opt outs either online or by phone – **no paper** – beginning May 1, 2023 – if someone wants to opt out prior to 5/1, they will need to call back.
- Members can opt out of the Aetna plan and actively enroll in the HIP VIP plan by completing a health benefits application/change form, located on the NYC Office of Labor Relations Website

Prescription drug coverage information

Beginning September 1, 2023: Retirees who get the prescription drug plan through other City health plans (except GHI Senior Care) will be automatically enrolled in the Aetna Medicare Rx offered by SilverScript

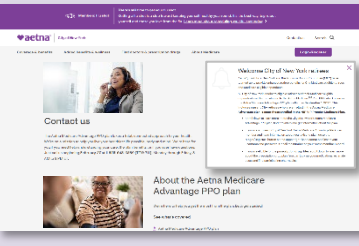
- If enrolled in the other Rx plans through the City's medical plan (except GHI Senior Care), members will be automatically be enrolled in the Aetna Medicare Rx prescription drug plan by SilverScript.
- If their union welfare fund does not offer prescription drug coverage or if the union welfare fund's RX plan has a maximum benefit limit or if they are enrolled in an individual Medicare Part D plan, they can purchase the Aetna Medicare Rx offered by SilverScript. Retirees will need to complete a special election form with the OLR in order to enroll in the Aetna Medicare Rx prescription drug offered by SilverScript.


FOR GHI SENIOR CARE MEMBERS WHO BUY THE PRESCRIPTION DRUG RIDER:

- GHI Senior Care plan members who purchase the prescription drug rider, their medical plan coverage will change to Aetna Medicare Advantage PPO as of 9/1/2023.
- They will stay in their current drug plan, Express Script until December 31, 2023.
- Effective January 1, 2024, they automatically be enrolled in Aetna Medicare Rx offered by SilverScript.


Communication and execution timeline

Aetna pre-enrollment support

Sample	Name	Description/purpose	Timing
	Custom website	<ul style="list-style-type: none"> Update current custom website with plan designs, FAQs & educational videos. Custom website where members can find plan information, watch educational videos, find providers and other resources. 	Pending approval

Sample	Name	Description/purpose	Timing
	Dedicated Customer Service Team	<ul style="list-style-type: none"> Dedicated CONY service team trained and available to support retirees on Day One 	Pending approval

Open Enrollment meeting support

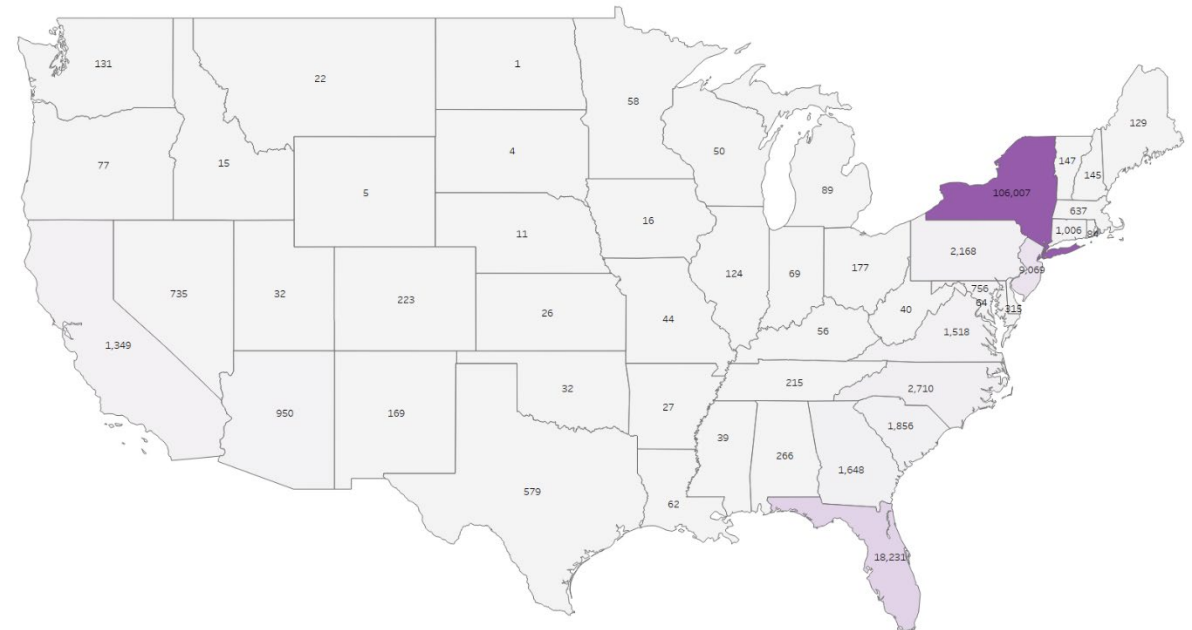
Sample	Name	Description/purpose	Timing
	Informational meetings	<ul style="list-style-type: none"> 200 in-person, webinar, and telephonic meetings conducted 	March – July, Pending approval

In-person Informational meeting locations based on the City's Medicare eligible members by state


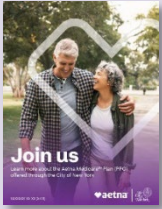
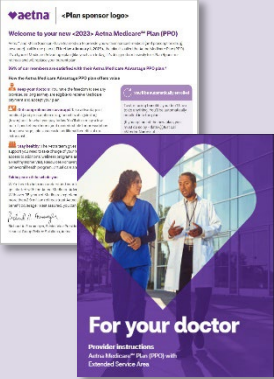
Expect 30% to 35% attendance

State	Expected attendance	Number of meetings
NY	20,500	72
FL	5,145	27
NJ	2,825	10
PA	600	4
NC	695	4
AZ	500	2
CA	475	2
MD/DC area	400	2
VA	400	2
NV	350	2
TX	330	2
CT	325	2
SC	300	2
GA	250	2

Over 200 meetings
 In person: 135
 Conference calls: 39
 Webinar: 32



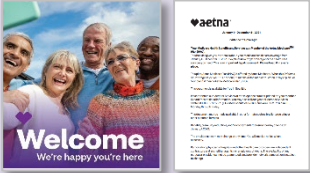




Aetna pre-enrollment support

Sample	Name	Description/purpose	Timing
	<p>City of New York Announcement letter</p>	<ul style="list-style-type: none"> Announcement letter from the City of New York providing more information to retirees about the plan change and benefits. 	
	<p>Informational meeting invite brochure</p>	<ul style="list-style-type: none"> Provides retirees with the comprehensive meeting schedule. Meetings will be held in-person, online and via conference call. A pre-recorded presentation will also be available online. 	<p>Initial Mailing</p>
	<p>Aetna Information packages:</p> <ul style="list-style-type: none"> Cover letter Information packet Frequently Asked Questions (FAQs) For your doctor brochure Prior authorization flyer Continuity of Care form Summary of Benefits Evidence of Coverage (EOC) 	<ul style="list-style-type: none"> Cover letter from Aetna®, welcoming retirees. Provides overview of plans and what to expect next. Includes comprehensive plan information and CMS-required materials, such as Star Ratings. Frequently asked questions brochure addressing the most common questions retirees may have about their plan. For Your Doctor brochure provides instructions to retirees on seeing their providers and a picture of a sample Aetna Medicare Advantage ID PPO plan card. Prior authorization brochure to educate retirees on what it is, how it works and the services that require it. Continuity of Care form to be completed by members who may need clinical support and care coordination for scheduled services Summary of Benefits includes benefits, covered health services and other plan features. Evidence of Coverage provides full details about what the plan covers, benefits, costs and more. 	<p>Second mailing, 1 week after announcement letter</p>



Aetna post-enrollment support

Sample	Name	Description/purpose	Timing
	Aetna Plan confirmation letter	<ul style="list-style-type: none"> Letter confirming enrollment in the Aetna plan 	Mails to homes in August
	Aetna member ID card	<ul style="list-style-type: none"> Single ID card for medical benefits. 	Mails to homes in August
	Welcome kit – Journey handbook with Schedule of Cost Sharing	<ul style="list-style-type: none"> Welcome guide that invites new members to register for the member website, download the Aetna Health app and learn more about their plan. Accompanies CMS-required information, such as the Schedule of Cost Sharing. 	Mails to homes in August
	Continuity of Care brochure and member letter	<ul style="list-style-type: none"> Provides members with the information they need to ensure a smooth transition, ensuring them about continuity of care and keeping their doctors. Includes information about helpful resources and programs available with the plan. 	Mails to homes in October
	Welcome calls	<ul style="list-style-type: none"> Member advocate outreach to newly enrolled members to offer support and answer questions. 	August – September

The City's account team and ongoing service structure

Your team for the City of New York

ACCOUNT TEAM

Account management, oversight of day-to-day account, leads strategy and reporting to OLR/MLC



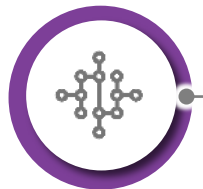
LABOR LIAISON (LL) SUPPORT (10)

Support for union staff and education, point of contact for escalated issues, attends retiree chapter meetings



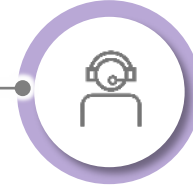
PLAN SPONSOR SUPPORT (10)

Single point of contact for City staff, unions welfare funds; Medicare experts who manage escalations, i.e., claim, eligibility, provider outreach



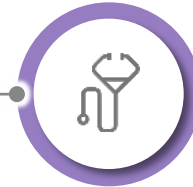
NYC

**SUPPORTING THE
MLC AND THE
CITY THROUGH A
DEDICATED
SERVICE MODEL**



DEDICATED SERVICE OPERATIONS TEAM

Over 200 Customer service representatives, manager, supervisors and support staff



DEDICATED CLINICAL TEAM

Doctor, clinical consultant, nurse supervisors and nurse case managers



ADDITIONAL RESOURCES

Including project management, data analytics, network and member engagement support

**Thank
you**



