

Plan Design Comparisons to Aetna Plan for All Other Areas (excludes NY, NJ, PA) *** : General

Provision (as provided by NYC OLR)	Senior Care (Today)	Senior Care (as of 1/1/22)	NYC Medicare Advantage Plus Plan	Aetna Medicare Advantage Plan PPO/ESA (All Other Areas)***
Annual Deductible	\$253	\$253	\$253	\$0
Ann. Retiree Out-Of-Pocket Max*	No Limit / Protection	No Limit / Protection	\$1,470	\$0; does not apply to Private Duty Nursing
PCP Visit	No Copay	\$15 Copay	\$0 Copay	No Copay
Specialist Visit	No Copay	\$15 Copay	\$15 Copay	No Copay
Diagnostic Tests (X-rays, lab, radiology, etc.)	No Copay	\$15 Copay	\$15 Copay	No Copay
Mental Health / Substance Use Disorder	No Copay	\$15 Copay	\$15 Copay	No Copay
Urgent Care Center	No Copay	\$15 Copay	\$15 Copay	No Copay
Preventive Services	No Copay	No Copay	No Copay	No Copay
Rehab. Services	No Copay	\$15 Copay	\$15 Copay	No Copay
Durable Medical Equipment (DME)	\$25 Deductible, \$2,500 Ann. Benefit Max. (combined with PDN & Ambulance)	Same as Today	Deductible applies, \$0 Copay, no Ann. Max	No Deductible , \$0 Copay, no Ann. Max
Private Duty Nursing (PDN)	\$25 Deductible, \$2,500 Ann. Benefit Max. (combined with DME & Ambulance), 20% Coins.	Same as Today	Deductible applies, 20% Coins., \$2,500 Ann. Max	No Deductible , 20% Coinsurance, \$2,500 Ann. Max
Hearing Exam	No Copay	\$15 Copay	\$0 Hearing Copays**	No Copay

* Out of Pocket Maximum protects retirees from catastrophic claims
 ** Hearing Exams must be Hearing Care Solutions in-network providers.

*** Aetna (All Other) Plan offered in same areas as 2021. These are the states of: AZ, CT, DE, FL, GA, MA, MD, NC, NV, SC, TN, VA, TX and (DC). This plan is NOT offered in NY, NJ or PA.



Plan Design Comparisons to Aetna Plan for All Other Areas (excludes NY, NJ, PA) *** : Hospital

Provision (as provided by NYC OLR)	Senior Care (Today)	Senior Care (as of 1/1/22)	NYC Medicare Advantage Plus Plan	Aetna Medicare Advantage Plan PPO/ESA (All Other Areas)***
Inpatient Stay	\$300 Copay per stay, \$750 ann. max.	\$300 Copay per stay, \$750 ann. max.	\$300 Copay per stay, \$750 ann. max.	No Copay
Hospital Stay Coinsurance*	0% Coins. days 1-60 100% Coins. days 61-90 50% Coins. days 91-201 100% Coins. days 202-365	0% Coins. days 1-60 100% Coins. days 61-90 50% Coins. days 91-201 100% Coins. days 202-365	0% Coins. for all 365 days	0% coins for all 365 days
Skilled Nursing Facility	No Copay days 1-100	No Copay days 1-100	No Copay days 1-100	No Copay days 1-100
Home Health Care	No Copay	No Copay	No Copay	No Copay
Hospital Outpatient Services	No Copay	No Copay	No Copay	No Copay
Outpatient Surgery	No Copay	No Copay	No Copay	No Copay
Ambulance Services	\$25 Deductible, \$2,500 Ann. Benefit Max. (combined with PDN & DME)	Same as Today	\$0 Copay, Deductible does not apply, no Ann. Max.	\$0 Copay, No Deductible, no Ann. Max
Emergency Care	\$50 Copay	\$50 Copay	\$50 Copay	No Copay

* Enhanced Hospital 365 Day Optional Rider would cover all of these coinsurances, but requires retiree to pay for it today. The Medicare Advantage plan would cover all of these automatically, at no additional cost.

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Plan Design Comparisons to Aetna Plan for All Other Areas (excludes NY, NJ, PA) *** : Other

Provision (as provided by NYC OLR)	Senior Care (Today)	Senior Care (as of 1/1/22)	NYC Medicare Advantage Plus Plan	Aetna Medicare Advantage Plan PPO/ESA (All Other Areas)***
Meal Delivery	Not Covered	Not Covered	Up to 14 meals x 4 events = 56 meals / year, after inpatient stay or for certain weight / health conditions; also includes Healthy Pantry benefit	Covered 28 meals after each discharge from inpatient or SNF stay (no event limit on meals)
Fitness / Mobility Programs	Not Covered	Not Covered	Silver Sneakers program at no cost	Silver Sneakers program at no cost
Transportation	Not Covered	Not Covered	24 rides annually, up to 30 miles / ride	24 rides annually up to 60 miles / ride
Fitness Tracker Device	Not Covered	Not Covered	Included at no cost	Not Covered
Hearing Aids	Not Covered	Not Covered	Up to \$500 allowance, every 12 months	Up to \$500 allowance every 12 months
Voluntary Incentive Gift Card	Not Covered	Not Covered	Up to \$200 in gift cards for completion of certain wellness activities	Not Covered
Eyewear Reimbursements				Up to \$100 allowance every 24 months

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