

City of New York

Effective January 1, 2022

The benefits and description of covered services within this summary are pending CMS approval and subject to change.

Medical Benefits	HIP VIP	GHI/EBCBS Senior Care	NYC Medicare Advantage Plus
	Member Pays	Member Pays	Member Pays
	In-Network	In and Out-of-Network	In-Network and Out-of-Network
Annual Deductible*	\$0	\$253 combined in-network and out-of-network (\$203 Medicare Part B deductible and \$50 Plan Deductible)	\$253 combined in-network and out-of-network
Annual Maximum Out-of-Pocket**	\$3,400 per year	Unlimited	\$1,470 combined in-network and out-of-network
Inpatient Benefits	In-Network	In-Network and Out-of-Network	In-Network and Out-of-Network
Inpatient Hospital Care (Including Substance Abuse)	\$250 per day for days 1-3 \$0 per day for days 4+ Unlimited days	\$300 per admission/\$750 per person maximum per calendar year	\$300 per admission/\$750 per person maximum per calendar year
Inpatient Mental Health Care	\$250 per day for days 1-3 \$0 per day for days 4-90	\$300 per admission/\$750 per person maximum per calendar year	\$300 per admission/\$750 per person maximum per calendar year
Inpatient Out-of-Pocket Maximum	NA	\$750 annual maximum	\$750 annual maximum
Skilled Nursing Facility Care 100 days each benefit period	\$0 per day for days 1-20 \$164 per day for days 21-100 Prior hospital stay not required	100 days in a skilled nursing facility is covered by Medicare, then pays the coinsurance amount from the 21st through 100th day	\$0 copay for days 1-100
Home Health Agency Care	\$0 copay	Plan pays 20% after Medicare Part B pays 80% of reasonable and customary charges	\$0 copay
Hospice Care	Not Covered Covered in full under Medicare	Not Covered Covered in full under Medicare	\$0 copay for the one-time hospice consultation/ Services Covered under Original Medicare
Outpatient Benefits	In-Network	In-Network and Out-of-Network	In-Network and Out-of-Network
Primary Care Physician (PCP) Visits	\$0 copay	Plan pays 20% after Medicare Part B pays 80% of reasonable and customary charges	\$0 copay
Specialist Visits	\$30 copay	Plan pays 20% after Medicare Part B pays 80% of reasonable and customary charges	\$15 copay
Allergy Testing and Injections	\$30 copay	Plan pays 20% after Medicare Part B pays 80% of reasonable and customary charges	\$0 copay for allergy testing \$0 copay for allergy injections
Chiropractic Services (Medicare-Covered)	\$20 copay	Plan pays 20% after Medicare Part B pays 80% of reasonable and customary charges	\$15 copay
Podiatry (Medicare-Covered)	\$30 copay	Plan pays 20% after Medicare Part B pays 80% of reasonable and customary charges	\$15 copay
Mental Health – Outpatient Professional	\$5 copay	Plan pays 20% after Medicare Part B pays 80% of reasonable and customary charges	\$15 copay
Mental Health – Outpatient Hospital	\$5 copay	Plan pays 20% after Medicare Part B pays 80% of reasonable and customary charges	\$15 copay
Substance Abuse – Outpatient Professional	\$5 copay	Plan pays 20% after Medicare Part B pays 80% of reasonable and customary charges	\$15 copay
Substance Abuse – Outpatient Hospital	\$5 copay	Plan pays 20% after Medicare Part B pays 80% of reasonable and customary charges	\$15 copay
Outpatient Hospital or Ambulatory Surgical Center for Surgery (Nonemergency)	\$0 copay per visit	Plan pays 20% after Medicare Part B pays 80% of reasonable and customary charges	\$0 copay per visit
Ambulance Services	\$50 per trip for Ground ambulance 20% of the cost per trip for Ambulance air	Plan pays 20% after Medicare Part B pays 80% of reasonable and customary charges; after \$25 deductible, \$2,500 annual maximum on Ambulance, DME and PDN	\$0 copay per one-way trip
Emergency Outpatient Care	\$100 per visit \$0 if admitted within 1 day Worldwide coverage	Plan pays 20% of Medicare allowed charges in hospitals for emergency first-aid following accidental injury or the onset of a sudden and serious illness, after you have paid the Medicare Part B deductible and a \$50 co-payment per visit	\$50 copay, waived if admitted within 72 hours

Urgently Needed Services	\$5 copay	Plan pays 20% after Medicare Part B pays 80% of reasonable and customary charges	\$15 copay, waived if admitted within 72 hours
Physical, Occupational and Speech Therapy	\$5 copay	Plan pays 20% after Medicare Part B pays 80% of reasonable and customary charges	\$15 copay
Cardiac Rehabilitation Services	\$0 copay	Plan pays 20% after Medicare Part B pays 80% of reasonable and customary charges	\$15 copay
Pulmonary Rehabilitation Services	\$0 copay	Plan pays 20% after Medicare Part B pays 80% of reasonable and customary charges	\$15 copay
Medical Benefits	HIP VIP	GHI/EBCBS Senior Care	NYC Medicare Advantage Plus
	Member Pays	Member Pays	Member Pays
Durable Medical Equipment (DME)***	20% of the cost	Plan pays 20% after Medicare Part B pays 80% of reasonable and customary charges; after \$25 deductible, \$2,500 annual maximum on Ambulance, DME and PDN	\$0 copay
Prosthetics	20% of the cost	Plan pays 20% after Medicare Part B pays 80% of reasonable and customary charges	\$0 copay
Private Duty Nursing	Not Included	Plan pay 80% after \$25 deductible subject to \$2,500 annual maximum on Ambulance, DME and PDN	20% coinsurance Annual maximum benefit \$2,500
Diabetic Supplies (lancets, lancet devices & blood glucose test strips)	\$0 copay Supplies and Services limited to specified manufacturers 5 strips and lancets per day for insulin users and 4 strips and lancets per day for non-insulin users	Plan pays 20% after Medicare Part B pays 80% of reasonable and customary charges	\$0 copay for a 30-day supply on each purchase
Blood Glucose Monitors	Covered	Plan pays 20% after Medicare Part B pays 80% of reasonable and customary charges	\$0 copay
Diabetic Therapeutic Shoes	One pair of custom-molded shoes and 3 pairs inserts	Plan pays 20% after Medicare Part B pays 80% of reasonable and customary charges	\$0 copay
X-Rays	\$0 copay	Plan pays 20% after Medicare Part B pays 80% of reasonable and customary charges	\$15 copay
Complex Diagnostic Tests and Radiology Services	\$0 copay	Plan pays 20% after Medicare Part B pays 80% of reasonable and customary charges	\$15 copay for complex diagnostic and/or radiology visit
Radiation Therapy	\$0 copay	Plan pays 20% after Medicare Part B pays 80% of reasonable and customary charges	\$15 copay
Laboratory Tests	\$0 copay	Plan pays 20% after Medicare Part B pays 80% of reasonable and customary charges	\$15 copay
Outpatient Dialysis Treatments	\$0 copay	Plan pays 20% after Medicare Part B pays 80% of reasonable and customary charges	\$0 copay
Kidney Disease Education Sessions	\$0 copay	Plan pays 20% after Medicare Part B pays 80% of reasonable and customary charges	\$0 copay
Home Dialysis	\$0 copay	Plan pays 20% after Medicare Part B pays 80% of reasonable and customary charges	\$0 copay
Self-Dialysis Training	\$0 copay	Plan pays 20% after Medicare Part B pays 80% of reasonable and customary charges	\$0 copay
Home Dialysis Equipment and Supplies	\$0 copay	Plan pays 20% after Medicare Part B pays 80% of reasonable and customary charges	\$0 copay
Chemotherapy Part B Drugs (Medicare-Covered)	20% of the cost Step therapy rules may apply	Plan pays 20% after Medicare Part B pays 80% of reasonable and customary charges	\$0 copay
Chemotherapy Part B Drug Administration (Medicare-Covered)	PCP: \$0 copay Specialist: \$30 copay Outpatient: \$0 copay	Plan pays 20% after Medicare Part B pays 80% of reasonable and customary charges	\$0 copay
Part B Drugs (Medicare-Covered)	20% of the cost Step therapy rules may apply	Plan pays 20% after Medicare Part B pays 80% of reasonable and customary charges	\$0 copay
Part B Drug Administration (Medicare-Covered)	PCP: \$0 copay Specialist: \$30 copay Outpatient: \$0 copay	Plan pays 20% after Medicare Part B pays 80% of reasonable and customary charges	\$0 copay
Vision Care (Medicare-Covered)	\$15 per yearly visit	Plan pays 20% after Medicare Part B pays 80% of reasonable and customary charges	\$0 copay for visits to a primary care physician and \$15 copay for visits to a specialist
Medical Benefits	HIP VIP	GHI/EBCBS Senior Care	NYC Medicare Advantage Plus

	Member Pays	Member Pays	Member Pays
Preventive Care and Screening Tests	In-Network	In-Network and Out-of-Network	In-Network and Out-of-Network
Bone Mass Measurement	\$0 copay	Medicare covers 100%	\$0 copay
Colorectal Screening	\$0 copay	Medicare covers 100%	\$0 copay
Diabetes Self-Management Training	\$0 copay	Medicare covers 100%	\$0 copay
Immunizations (flu, pneumonia and hepatitis B)	\$0 copay	Medicare covers 100%	\$0 copay
Breast Cancer Screening (Mammograms)	\$0 copay	Medicare covers 100%	\$0 copay
Cervical and Vaginal Cancer Screening	\$0 copay	Medicare covers 100%	\$0 copay
Prostate Cancer Screening Exam	\$0 copay	Medicare covers 100%	\$0 copay
Welcome to Medicare Exam and Annual Wellness Visits	\$0 copay	Medicare covers 100%	\$0 copay
Medicare Diabetes Prevention Program (MDPP)	\$0 copay	Medicare covers 100%	\$0 copay
Preventive Care and Screening Tests***	\$0 copay	Medicare covers 100%	\$0 copay
Additional Benefits	In-Network	In-Network and Out-of-Network	In-Network
Non-Emergency Transportation	Not Included	Not Included	24 one-way trips within 30 miles
Routine Hearing Services	\$15 per yearly visit	Not Included	\$0 copay for routine hearing exams \$70 maximum benefit limited to 1 exam every 12 months \$0 copay for hearing aids \$500 maximum benefit toward hearing aids every 12 months
Healthy Meals	Not Included	Not Included	Provides up to 14 meals to eligible members (Post Inpatient Discharge or Chronic Condition) per qualifying event, allows up to four (4) events each year (56 meals in total)
Healthy Pantry	Not Included	Not Included	Eligible members receive a monthly nutritional counseling sessions via phone. A monthly delivery of non-perishable pantry items are sent directly to your home.
Health and Fitness Tracker	Not Included	Not Included	Coverage includes a fitness tracking device to track your physical activity and a member engagement website designed to provide guidance, encouragement, and motivation. Limit is 1 device every 2 years provided through our contracted vendor.
Medical Benefits	HIP VIP Member Pays	GHI/EBCBS Senior Care Member Pays	NYC Medicare Advantage Plus Member Pays
Routine Foot Care	\$30 per visit (includes 4 routine visits per year)	Medicare covers yearly foot exams for diabetes-related treatment. Plan pays 20% after Medicare Part B pays 80% of reasonable and	\$0 copay for visits to a primary care physician \$15 copay for visits to a specialist Up to 4 visits per year
Foreign Travel Outpatient Emergency Care (Outside the USA)	\$100 per visit	Medicare does not exist outside USA; reimbursement at City of NY Non-Participating Provider Schedule	\$50 copay, waived if admitted within 72 hours
Foreign Travel Outpatient Urgently Needed Services (Outside the USA)	\$5 per visit	Medicare does not exist outside USA; reimbursement at City of NY Non-Participating Provider Schedule	\$15 copay, waived if admitted within 72 hours
Foreign Travel Inpatient Hospital Care (Outside the USA)	\$250 per day for days 1-3 \$0 per day for days 4+	Medicare does not exist outside USA; reimbursement at City of NY Non-Participating Provider Schedule	\$300 copay per emergency admission
Routine Dental Services	Not Included	Not Included	Not Included
Clinical and Wellness Programs	In-Network	In-Network and Out-of-Network	In-Network
Medicare Advantage Care Management	Included	Not Included	Included
Care Coordination	Not Included	Not Included	Included
Fitness	SilverSneakers included	Not Included	SilverSneakers included

Nurse Line	Not Included	Not Included	24/7 NurseLine included
SpecialOffers Discount Programs - Vision and Hearing Vitamins, Alternative Therapy and Personal	Included	Not Included	Included

For Use by Benefits Administrators Only

This document reflects cost shares only.

* 2021 Medical Deductible - \$203 Medicare Part B deductible plus \$50 Senior Care deductible.

If plan includes an annual deductible, the annual deductible applies to all services except Hospice One-Time Consultation, Ambulance Services, Emergency Care, Urgently Needed Services, Diabetic Supplies if purchased from pharmacy, Blood Glucose Monitors if purchased from pharmacy, Diabetes Self-Management Training, COPD Testing, Blood, Glaucoma Screening, Diabetic Retinopathy Screening, Abdominal Aortic Aneurysm Screening, Bone Mass Measurement, Colorectal Cancer Screening and Colorectal Services, HIV Screening, Screening for Sexually Transmitted Infections (STIs) and Counseling to Prevent STIs, Medicare Part B Immunizations, Breast Cancer Screening (Mammograms), Cervical and Vaginal Cancer Screening, Prostate Cancer

** 2021 Medical Member Out-Of-Pocket

***\$25 deductible - GHI will pay 80% for Private Duty Nursing, 20% for DME and Ambulance - \$2,500 annual maximum

** LPP0 Preventive Services: A complete list of the preventive services is available.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, coinsurance and restrictions may apply.

Benefits, premiums and/or copayments/coinsurance may change upon renewal or on January 1 of each year.

The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Out-of-network/non-contracted providers are under no obligation to treat members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. 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.

Empire BlueCross BlueShield is an HMO and Empire BlueCross and Blue Shield Retiree Solutions is an LPP0 plan with a Medicare contract. Enrollment in Empire BlueCross BlueShield and Empire BlueCross BlueShield Retiree Solutions depends on contract renewal.