NYC Medicare Advantage Plus Plan Presentation Notes  
by UFT Welfare Fund Executive Director Geof Sorkin  
for the Dec. 15 UFT Delegate Assembly

General Health Benefit Information

What’s the difference between a PPO (Preferred Provider Organization) and an HMO (Health Maintenance Organization)? - Both offer access to a network of health care providers. It comes down to cost, flexibility and choice.

HMOs are generally smaller in size. They require a patient to choose a primary care physician and referrals to see a specialist. With the exception of emergency situations, there is no coverage outside of the network. Generally, copayments will be small or nonexistent.

PPOs offers the freedom to receive care from any provider whether in or out of network. No referrals are required for any doctor, specialist or hospital. In-network copayments are defined and out of network reimbursement is based upon a calculation (though it could be minimal).

The difference between these two styles of networks is at the heart of the new Medicare Advantage plan.

“Medicare Advantage” an unfortunate term - When Medicare Advantage Plans were first created in 1997, they were HMO-style with restrictive networks and caps on the benefit structure. That is not always the case anymore. Medicare Advantage Plans have gotten more creative adopting the PPO model for larger groups.

The new plan is a PPO!

The NYC Medicare Advantage Plus Plan

This is a brand-new plan...not exactly! - This new plan that becomes effective on April 1, 2022, is a custom-built large group PPO that was created to mirror and enhance the current and popular GHI Senior Care plan. It is a very unique Medicare Advantage plan, but it is built on top of the preexisting national Empire Blue Medicare network. All GHI Senior Care providers are also folded into it.

In-network vs out-of-network; it doesn’t matter! - A patient can utilize any doctor/facility that accepts Medicare coverage. It does not matter if they are in-network or not. The Centers for Medicare & Medicaid Services (CMS) regulates all Medicare Advantage plans, thus copayments are the same.

How much does it cost? - At its basic level it is free. Adding the prescription drug rider is $125 per member per month.

Differences that are being criticized - There are three: prior authorization, new copayments and privatization.
Updated 12-15-21

- Some scheduled procedures require prior authorization. This is similar to what in-service employees presently have. Also, emergency procedures do not require prior authorization.

- Prior to the pandemic, new GHI Senior Care copayments were slated to go into effect on Jan. 1, 2021. Because of the pandemic, the MLC and city jointly decided to push that off until Jan. 1, 2022. Though new, these have been a long time coming and are not the result of having a new plan.

- This isn’t any more privatized; Emblem and Empire have been providing NYC health plans for decades.

**Plan Enhancements** - Many new enhancements:

- A protective annual $1,470 out of pocket maximum on most procedures (excludes prescription drugs and radiology diagnostic test copays).

- The drug coverage monthly premium under the new plan costs less, but the benefit is identical to what presently exists.

- Worldwide foreign travel emergency coverage.

- New health and wellness programs including meal delivery, fitness programs (SilverSneakers), transportation, fitness tracker device, 24/7 NurseLine and a formalized tele-health program called LiveHealth.

**Going forward**

*BUT, I REALLY WANT TO KEEP WHAT I HAVE NOW* - Members may stay in the plans they currently have. In most cases there will be an ancillary monthly charge to do so.

**Right to return after one year** – As per Judge Frank’s recent decision, the opt-out period for when the plan becomes effective on April 1 is March 31, 2022. There will also be a continuing opt-out/opt-in period until June 30, 2022, even while the Advantage Plan is in effect. Finally, if someone goes into the new plan and is dissatisfied, after one year is over, they can return to their previous plan (with the ancillary cost).

**So, you’re turning Medicare eligible after Jan. 21, 2022...** - After that date, there will only be two choices: the NYC Medicare Advantage Plus Plan and GHI Senior Care (which has an ancillary monthly cost).

**Finally, how are Welfare Fund benefits changing?** - They aren’t. This new plan is completely separate from Fund benefits.